

# ADP REQUEST FORM

Requestor: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor: \_\_\_\_\_ Sequence #: \_\_\_\_\_

## ALL QUESTIONS MUST BE COMPLETED IN THEIR ENTIRETY.

Item(s) requested and its intended use:

---

---

Location of item(s): \_\_\_\_\_

Why is/are item(s) needed:

---

---

---

---

Ramifications if item(s) not procured:

---

---

---

If a similar item cannot be substituted, please explain:

---

---

---

Price Check:

Company: \_\_\_\_\_ Clerk: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Clerk: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Clerk: \_\_\_\_\_ Phone: \_\_\_\_\_

If Price quotes are not performed, establish price reasonableness:

---

---